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**FEE TRANSMITTAL**  
**for FY 2002**

MAY 29 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 460.00

**Complete if Known**

Application Number	09/871,339
Filing Date	05/31/2001
First Named Inventor	Madiyalakan
Examiner Name	S. Ungar
Group Art Unit	1642
Attorney Docket No.	ALT-005US2

**METHOD OF PAYMENT**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number

50-2285

Deposit  
Account  
Name

Law Offices of Wayne A. Keown

- ☒
- Charge Any Additional Fee Required
- 
- Under 37 CFR 1.16 and 1.17

- ☒
- Applicant claims small entity status.
- 
- See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	480.00
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	480	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(e))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 460.00

**SUBMITTED BY**

Name (Print/Type)

Susan Mulvaney

Registration No.  
(Attorney/Agent)

48,269

**Complete (if applicable)**

Telephone

781-938-1805

Signature

Susan Mulvaney

Date

9/12/02

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on February 11, 2003  
Date

Signature

Andrea Berlo

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Response To Incomplete Reply Mailed August 6, 2002 (1 page);  
Change of Correspondence Address (1 page);  
Change of Attorney Docket Number (1 page);  
Revocation of Prior Powers of Attorney (3 pages);  
A copy of Response to Notice of Incomplete Response (7 pages)



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**FAX TRANSMITTAL LETTER**

**IMPORTANT:** PLEASE DELIVER THIS DOCUMENT IMMEDIATELY!

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL: (617) 951-7785

TOTAL NUMBER OF PAGES INCLUDING THIS TRANSMITTAL LETTER:

<u>Name</u>	<u>Firm/Company</u>	<u>Fax Number</u>	<u>Phone Number</u>
To: Susan Unger/Tony Caputa	USPTO	(703) 308-4242	(703) 308-3995

From: Matthew P. Vincent

Comments:

USSN 09/871,339; Attorney Docket No. AREX-P02-005.

Response to Notice of Incomplete Response.

Please confirm receipt of this facsimile to Matthew P. Vincent, Reg. No. 36,709 at (617) 951-7050.

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JUN 04 2003

TECH CENTER 1600/2900



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant:** Madiyalakan  
**Serial No.:** 09/871,339  
**Filed:** May 31, 2002  
**Entitled:** METHOD AND COMPOSITIONS FOR RECONFORMING  
MULTI-EPITOPIC ANTIGENS TO INITIATE AN  
IMMUNE RESPONSE  
**Examiner:** Unger, S.  
**Group Art Unit:** 1642  
**Attorney Docket:** ALT-005US2

#  
U  
KO  
10/1/03

Assistant Commissioner for Patents  
Washington, DC 20231

**RESPONSE TO INCOMPLETE REPLY MAILED AUGUST 6, 2002**

Dear Sir:

This communication is in response to the Notice of an Incomplete Response mailed August 6, 2002 where Applicants had elected, with traverse in part and without traverse in part, Group I, Claims 1-9, 14 and 15, and species 4. No fee is believed to be due in connection with the response to the incomplete reply; however please charge any underpayments or overpayments to deposit account 50-2285.

Applicants respectfully wish to correct a regretted oversight and elect the species of claim 5, and further more elect the species of claim 7 and finally elect the *in vivo* species of claim 15.

If there are any questions, please contact the undersigned at the telephone number indicated below.

Respectfully submitted,

Date: September 12, 2002

Susan Mulvaney

Susan Mulvaney, Patent Agent

Registration No. 48,269

500 West Cummings Park


Suite 1200

Woburn, MA 01801

781-938-1805 (Telephone)

781-938-4777 (Facsimile)


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 <b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/871,339	
	Filing Date	05/31/2001	
	First Named Inventor	Madiyalakan	
	Group Art Unit	1642	
	Examiner Name	S. Ungar	
Total Number of Pages in This Submission	5	Attorney Docket Number	ALT-005US2

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 JUN 04 2003  
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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 1. Return postcard		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Susan Mulvaney - Reg. No. 48,269	 <b>32254</b> <small>PATENT TRADEMARK OFFICE</small>
Signature	<i>Susan Mulvaney</i>	
Date	9/12/02	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>9/12/02</u>			
Typed or printed name	Susan Mulvaney		
Signature	<i>Susan Mulvaney</i>	Date	9/12/02

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